UNITED NATIONS

A

General Assembly

Distr.
GENERAL

A/47/415
11 September 1992

ORIGINAL: ENGLISH

Forty-seventh session
Item 94 (a) of the provisional agenda*

SOCIAL DEVELOPMENT: QUESTIONS RELATING TO THE WORLD SOCIAL SITUATION AND TO YOUTH, AGEING, DISABLED PERSONS AND THE FAMILY

Implementation of the World Programme of Action concerning Disabled Persons and the United Nations Decade of Disabled Persons

Report of the Secretary-General

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I. INTRODUCTION

1. The General Assembly, in resolution 37/52 of 3 December 1982, adopted the World Programme of Action concerning Disabled Persons (A/37/351/Add.1 and Corr.1, annex, sect. VIII, recommendation 1 (IV)), and in resolution 37/53 of the same date proclaimed the United Nations Decade of Disabled Persons (1983-1992) as an initial time-frame within which to implement the Programme of Action. The Programme recommended, inter alia, the periodic review of such an implementation, and the first review was conducted in 1987 at the mid-point of the Decade.

2. Moreover, the General Assembly, in resolution 46/96 of 16 December 1991, invited Member States, all organizations of the United Nations system and intergovernmental and non-governmental organizations, to review and evaluate with the active participation of persons with disabilities, their current disability-related policies, programmes and available services with a view to identifying areas in which major progress had been achieved, as well as obstacles encountered in prevention, rehabilitation and equalization of opportunities. The Assembly also requested the Secretary-General to report to the forty-seventh session on the implementation of the resolution.

3. Taking stock of the experience gained during the first round of monitoring in 1987 and in response to the views of Member States, the report concentrates on selected areas where progress has been achieved and on the obstacles encountered by various countries. It indicates areas that call for attention and action.

4. Reports received from Member States and other materials at the disposal of the Centre for Social Development and Humanitarian Affairs of the United Nations Office at Vienna clearly revealed the disparity among countries with respect to availability of funds, technical knowledge and support services. Some countries have long-standing experience and others are just beginning to work out national policy on disability. Examples from various Member States have been used to illustrate developments during the Decade. The information also bears testimony to the relationship between disability and socio-economic development. The prerequisites for achieving the goals of the Programme of Action are economic and social development, redistribution of resources and income as well as improvement in the living standards of the population.

II. CONCLUSIONS AND RECOMMENDATIONS

5. Since disability is closely linked to economic and social factors, the obstacles to progress in the implementation of the Programme of Action cannot be removed overnight. Conditions of living in large parts of the world are so desperate that the provision of basic needs for all - food, water, shelter, health protection and education - must form the cornerstone of national programmes. The implementation of programmes such as the Programme of Action hinges on wider provision of basic needs. The objectives cannot be reached in

the foreseeable future without an expansion of international cooperation programmes, multilateral or bilateral, far beyond present scales. Despite multiple activities at the national and international levels, progress in attaining the main goals of the Programme of Action, i.e. prevention and rehabilitation of disability and equalization of opportunities, has been slow. In most developing countries, there is little evidence that the conditions of disabled persons have improved during the Decade. On the contrary, current economic and social deterioration, marked by low-growth rates, high unemployment, reduced public expenditure, current structural adjustment programmes and privatization, have negatively affected programmes and services in both developed and developing countries. If the present negative trends continue, there is the risk that disabled persons may increasingly be relegated to the margins of society, dependent on ad hoc support. Thus, while policies increasingly favour integration of disabled persons in mainstream society and more flexible and community-based services, the lack of adequate financial resources has been sorely felt.

6. Despite repeated resolutions adopted each year by intergovernmental bodies, most Governments still lack decisive concerted measures that would effectively improve the situation. Without broader action at national level, the objectives of the Programme of Action are most likely to remain unfulfilled. It is at the national level that political will should be demonstrated and resources substantially augmented. It is also essential to strengthen the leadership role of the United Nations to enable it to support efforts of Member States and to play its role as advocate, coordinator and monitor and that of clearinghouse and advisor to countries in need of such assistance.

7. The Decade has laid the foundations for the further development of policies, programmes and services for disabled persons, based on the philosophy agreed upon by the international community and also on the needs identified by individual countries. Emphasis on equalization of opportunities and accessibility to facilities has emerged in all spheres of life, including employment and education. Through increased international cooperation, most developing countries, which have as yet not received real benefits from increased research and information collation, will benefit in the future. Therefore, at the national and regional levels increased and cost-effective information exchange programmes and networking are essential. National and/or regional institutes or centres could provide this service and facilitate the development of innovative programmes. Reflecting demographic trends and those of the family structure, and recognizing the inherent expertise of disabled persons themselves, organizations of disabled persons have increased and been strengthened over the Decade and will play a major role as advocates and providers of services in the future.

8. By the end of 1993, the United Nations programme on disability will be guided by three major documents: the Programme of Action (which provides a solid policy framework), the long-term strategy (which will set specific targets to be achieved within a definite time-frame) and the standard rules on the equalization of opportunities for disabled persons (which will set global

standards, supported by an effective monitoring system). The three documents should reflect the stages of progressive development of programming and standard-setting in the field of disability. While individually they will each serve a specific purpose, jointly they will cover a comprehensive policy-making and implementation effort.

9. There is a need to reinterpret disability in the light of recent developments (technological change, advances in preventive medicine and changes in the ideological climate). A new and broader understanding of disability is needed to replace the group-specific approach. Therefore, disability issues are needed to be considered in conjunction with the changes in society and the emerging social issues. National and international disability policies will have to address the needs of an increasingly ageing population and take into account the deterioration of the family unit as the main source of support to disabled persons.

10. The conclusion of the Decade offers the opportunity of a reaffirmed political commitment to the objectives of the Decade and of the Programme of Action, supported by necessary financial resources and institutional arrangements.

Recommendations

11. In order to confront those issues and to move the disability programme from awareness raising to action, and to implement the many guidelines and policy documents developed over the Decade, Governments may wish to:

(a) Undertake a comprehensive review of their policies, programmes and support services for people with disabilities in the post-Decade period;

(b) Develop a comprehensive and coherent policy to further the integration of disabled persons into ordinary life of society. Such a policy should set new directives aimed at improving the range and quality of life of people with disabilities;

(c) Adopt a long-term, step-by-step national affirmative action plan for the period 1993-2002, encompassing the three components of the Programme of Action: prevention, rehabilitation and equalization of opportunities. The plan should cover both the general and the specific measures that Governments intend to adopt in whole or in part in the course of the planning period. Priorities should be given to those actions with a multiplier effect, supporting the independent living of disabled people, through such measures as revitalization of national committees, strengthening organizations of disabled persons, improved access to education, training and employment etc. In this context, Governments may wish to include the plan of action in the overall national long and medium-term plan and the annual budgets and/or select priority areas and allocate appropriate financial resources;

(d) Examine the various innovative means of raising funds for public programmes that have been carried out in many countries over the Decade and

replicate these ideas where appropriate, e.g. through various private sector activities;

(e) Provide a regular stock-taking in the form of analytical reports containing examples of projects that have been implemented;

(f) Establish and strengthen national coordinating mechanisms to monitor and coordinate the implementation of the action plan;

(g) Explore the possibility of establishing within legislative bodies a standing committee on the status of disabled persons and a procedure of annual reporting on progress in implementing the plan of action;

(h) Give appropriate priority to disability issues within their bilateral/multilateral programmes of assistance and technical cooperation. They should review the status of disabled persons in their existing programmes and projects and ensure that the needs of disabled persons are recognized and integrated, and link disability to other issues in the economic, social and humanitarian fields;

(i) Consider the proclamation of regional decades of disabled persons similar to the one proclaimed for the years 1993-2002 by member States of the Economic and Social Commission for Asia and the Pacific (ESCAP).

12. United Nations bodies are invited to have a major role to play in the implementation of the Programme of Action by:

(a) Including disability issues into policies, programmes and projects;

(b) Setting an agenda for action with specific targets to the year 2002 and setting priorities;

(c) Strengthening the coordination of their activities at the international, regional and national levels and setting up a system-wide action plan to promote and coordinate policies and programmes. This action plan should be monitored by the inter-agency mechanism with appropriately revised mandates;

(d) Strengthening the ad hoc non-governmental organization consultative mechanism and establishing an efficient and effective communication network;

(e) Devoting more resources to the revision of the International Classification of Impairment, Disability and Handicap (ICIDH) in order to harmonize terminologies and definitions;

(f) Exploring the feasibility of establishing/sponsoring a national and/or regional institute or centre on disability to serve as an interdisciplinary network to facilitate exchange of information and to develop innovative training programmes and guidelines for decision makers, planners and educators.

13. There will be far greater expectations of the United Nations Secretariat and in particular the Centre for Social Development and Humanitarian Affairs as the United Nations focal point on disability, due to the expanded role in implementing resolution 46/96 in which the General Assembly called for the shifting of the focus of the programme from awareness raising to action. The level of success will depend, inter alia, on the resources available for the tasks at hand, including those at the disposal of the regional commissions as an essential counterpart to the activities of the focal point. Of particular importance is the capacity to respond to the increasing number of requests from Governments for assistance in meeting their priority objectives in this field. Key elements in this regard include the availability of advisory services on disability matters, including through an interregional adviser on disability, and the volume of the Voluntary Fund for the United Nations Decade of Disabled Persons, which the Economic and Social Council, in its decision 1992/276 of 30 July 1992, has recommended to be continued under the new name the United Nations Voluntary Fund on Disability and with revised terms of reference. Attention will have to be paid to an appropriate mix of regular and extrabudgetary resources.

14. Disability activities of the regional commissions, as focal points for the promotion of technical cooperation in the disability field, have a vital role in the implementation of the Programme of Action and act as an important link between the national and international levels through establishing information networks and/or regional or sub-regional information centres, by organizing training seminars and by providing advisory services. In recognition of the importance of disability issues in the Asia and Pacific region, the Economic and Social Commission for Asia and the Pacific proclaimed a second Decade of Disabled Persons from 1993-2002. The full execution of regional programmes relies on the strengthening of regional commissions in the disability area.

III. SUMMARY OF FINDINGS

A. Major achievements of the Decade

1. Policy framework

15. The World Programme of Action, which was the major outcome of the International Year of Disabled Persons, provided a policy framework aimed at improving the status of disabled persons. This policy framework is based on the recognition of the human rights of disabled persons, who are first and foremost citizens with equal rights and obligations and only secondarily users of social services.

16. During the Decade, new concepts and new definitions were formulated that duly acknowledged the relationship between disabled persons and the environment, which actually creates the handicap and the responsibility of society to remove barriers and obstacles to the full participation of disabled persons in the society. The guiding philosophy is a shift away from a charity

approach towards an integrated social development approach reflecting a recognition that the problems of disabled persons cannot be solved in isolation from those of the greater society in mainstream education, working conditions, medical care, housing, traffic and transport etc.

2. Increased understanding and knowledge of disability

17. The challenging new approach, as defined in the Programme of Action, was brought to the awareness of politicians, legislators, service providers, parents and disabled persons themselves through wide information campaigns, thereby expanding the knowledge and understanding of disabled persons rights. It is now acknowledged that the denial of full participation of disabled persons in society can impose tangible and intangible costs that are likely to exceed the direct costs of providing access to society in general. Research, population censuses and household surveys have increased. Knowledge of the prevention of disability and rehabilitation of disabled persons has made rapid progress. Technology is available to prevent most impairments from developing into disabilities.

3. Organizations of disabled persons

18. The growth and development of organizations of disabled persons is an area in which great strides have been made. Disabled people, through their organizations, have been able to increase their influence, gain the respect of their community, and achieve greater independence and access to the resources of the community. Despite these formidable gains, the resource base of these organizations is weak, which makes them vulnerable in periods of economic recession.

4. Inter-agency mechanisms

19. At the international level, the United Nations established an inter-agency mechanism and a non-governmental organization consultative mechanism in order to strengthen cooperation among United Nations agencies and between the United Nations and the community of non-governmental organizations.

5. Guidelines and manuals

20. Several bodies and organizations of the United Nations system (the Centre for Social Development and Humanitarian Affairs, the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the International Labour Organisation (ILO), the Food and Agriculture Organization of the United Nations (FAO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO)) prepared guidelines and manuals on key disability issues. These guidelines have neither been adequately incorporated in

national programmes nor fully applied in the provision of services to disabled persons in the majority of countries.

6. Revision of the International Classification of Impairments, Disabilities and Handicaps

21. The need was recognized for clarification of the usual terminology and for the adoption of an international language and a common understanding of the social consequences of diseases and traumata. International cooperation on the revision of the International Classification of Impairments, Disabilities and Handicaps (ICIDH) has started in order to harmonize terminologies and definitions and so facilitate the evaluation of needs and interventions.

7. Standard setting

22. The United Nations is also engaged in the elaboration of norms and standard rules for national and international conduct. Many countries have enacted legislation to protect the rights of disabled persons, although its effective implementation is subject to many variables.

B. Major obstacles

1. Negative economic and social conditions

23. Over the Decade, there were indications that the number of disabled persons has increased as a consequence of disease, famine, malnutrition, poverty, war and violence etc.

24. During this period, the social and economic situation of many countries has deteriorated, with the vulnerable groups, including disabled persons, often being the hardest hit.

25. The United Nations Decade of Disabled Persons was proclaimed without provision of additional resources. Existing resources in this area were disproportionate to the magnitude of the tasks and restrained the ability of the United Nations to carry out its assigned functions effectively and efficiently.

2. Participation of disabled persons

26. While there has been, during the Decade, an increase in the participation of disabled persons in different sectors of society, the goal of full and equal participation is far from having been achieved. Disabled persons are not yet an integral part of the decision-making process. In several countries, disabled persons are still relegated to the margins of society.

The existing guidelines on organizations of disabled people have not been widely circulated and/or applied.

3. Information

27. During the Decade, the flow of information has steadily increased. However, the accessibility of the information to people with impairments of vision, hearing and comprehension has lagged behind. Information materials used by the mass media continue to be based on outdated concepts of disability and incorrect terminologies that are sometimes felt as being demeaning by disabled persons.

4. Planning and coordination

28. One of the major obstacles to the implementation of the Programme of Action was the absence of national committees or similar coordinating bodies. Most were disbanded after the International Year of Disabled Persons. Efforts to revive them have not yielded satisfactory results.

29. Many countries do not have comprehensive plans and programmes within the context of the Programme of Action. Activities were undertaken on an ad hoc basis and were uncoordinated. Moreover, disability programmes remained separated from the overall socio-economic development. The tendency of professionals to focus attention on disabilities rather than the physical and social environmental features constituted another major obstacle to progress.

5. Social security

30. In the majority of countries, most disabled persons and their families were either not covered by social security or had only limited protection. In some industrialized countries, income security is often a disincentive, which increases the dependency of disabled persons.

6. Research and statistics

31. There is a scarcity of scientifically developed statistics on disabled persons. Existing data and information suffer from an absence of standard classification schemes and from the lack of comparable indicators. Basic research on disability is increasing at universities and other research units. However, there is little coordination and no effective channels of communication between the researchers and the users. The results of the research remain at the disposal of a limited group. Compiling of data in a systematic manner and sharing of information remains a challenge.

7. Finance

32. Financial limitations constitute another major obstacle in implementing the goals of the Programme of Action. This was highlighted in most national reports. While the proportions of total Government expenditure in the gross national product increased in most countries, developed and developing, between 1972 and 1989, 1/ it is estimated that in many developing countries, real per capita spending on health and education was in the mid-1980s a quarter to one half of their levels one decade earlier. 2/ Reductions in real social expenditures reflected the constraints of the time and policy changes owing to worldwide trends in economic and financial adjustments.

IV. IMPACT OF THE DECADE

A. The national level

33. The Decade resulted in many initiatives to raise national awareness and led to improved public understanding of disability issues. While there is evidence of increased commitment to disability issues at the policy level, increased efforts are required to turn awareness into concrete action to have a positive impact on the lives of disabled people. Most countries lack adequate provisions to implement the World Programme of Action and as a result national coordinating mechanisms often lost effectiveness or ceased to exist. Some improvements are, nevertheless, evident in the areas of human rights and equality, legislation, growth of organizations of disabled persons, information exchange, community-based rehabilitation and independent living. 3/

34. Owing to the critical social and economic conditions witnessed by many countries and the resulting competition for meagre resources, disability programmes have often been assigned a low priority. In general, implementation of disability programmes, undertaken nationally or through bilateral and international cooperation, was piecemeal and uncoordinated. Increased hardships are being faced by those centrally planned economies currently in transition, and industrialized countries continue to challenge negative social stereotypes. Financial constraints have been consistently mentioned by Member States as a major hurdle to development in the disability field. Armed conflict, one of the primary causes of disability, has increased in certain regions of the world.

1. National policies

35. Although many countries reported the adoption of disability policies, they are sometimes but declarations of intent as infrastructural support is missing. In countries facing deep economic and social difficulties, a crisis management approach has caused them to adopt short-term objectives rather than long-term strategies. However, some Governments, such as Bahamas, Cyprus, Kenya, Papua New Guinea, Thailand and Trinidad and Tobago, have adopted medium- or long-term national plans on disability. Indonesia, Pakistan, China

and the Philippines have incorporated disability programmes into their five-year national plan, while others (Algeria, Fiji, Ghana, India, Malaysia, Tunisia and Turkey) have absorbed specific disability-related issues into wider policy formulation, for example in health and education. Unfortunately, disabled women and disabled persons living in rural areas have continued to receive inadequate attention.

36. Industrialized countries tend to have more elaborate disability policies, reflecting considerable experience and financial capacity. Canada, France, Germany, the Netherlands, the Nordic countries and Portugal have adopted comprehensive measures encompassing prevention, rehabilitation and equalization of opportunities. The creation in some countries of a ministry reponsible for disabled persons is noteworthy.

2. Legislation

37. While, in principle, constitutions grant the same rights to all citizens, including disabled persons, some of the newer constitutions contain provisions that specifically refer to disabled persons' rights, such as in the Philippines, Portugal, Spain and Turkey. Additional acts may complement them, e.g. on rehabilitation, education, employment, tax incentives or the banning of derogatory or debased portrayal of disabled persons in films, television and radio programmes and advertisements, as in the Philippines, where a comprehensive disability law was recently enacted.

38. The enactment of specific legislation to guarantee equality and eliminate discriminatory practices is essential, even where constitutional or general legal provisions exist. In some countries, a reliance on general legislation and avoidance of special measures that are seen as segregating have prevailed. In line with the recommendation of the Programme of Action, some countries have made efforts to adopt specific disability legislation that protects the rights of disabled persons, e.g. Australia, China, Kuwait, the United States of America. That country's Americans with Disabilities Act (ADA) is considered a breakthrough. Moreover, comprehensive bills are being formulated or considered for approval in various countries, e.g. in Canada and Zimbabwe. In addition, some developing countries meet the needs of disabled persons through laws confined to specific areas, e.g. employment, education, exonoration or reduction of income tax etc.

39. Nevertheless, the situation of disabled persons remains precarious. Lack of genuine commitment in some cases and limited resources in many others have made action in this field difficult. Legislation that limits the rights of disabled persons continues to exist.

40. As the elimination of de jure discrimination is not necessarily matched by reductions in de facto discriminatory practices, a mechanism is needed that allows the monitoring of effective compliance and intervention in case of failures. An example to emulate is provided by "ADA Watch" established by the United States National Council on Disability for the purpose of following up and ensuring the implementation of all ADA provisions.

3. Coordinating mechanisms

41. Since 1987, the General Assembly has called for the strengthening of national coordinating bodies in no fewer than six resolutions. At the peak of the Decade, 141 National Coordinating Committees existed, but the number has since steadily declined. Some countries rely on voluntary and private organizations. In recognition of the value of national coordinating bodies, however, organizations of and for disabled persons in a number of countries lobbied successfully with their Governments to establish and strengthen such bodies. Since 1987, Cyprus, Malta, Mozambique and Romania have established coordinating mechanisms. Well-functioning mechanisms exist in several countries, e.g. Finland, Germany, Mauritius, Oman, Pakistan and Zimbabwe.

42. The effectiveness of National Coordinating Committees depends on variables such as structure, composition, function and resources. The Centre for Social Development and Humanitarian Affairs, in conjunction with the former Department of Technical Cooperation and Development, organized the International Meeting on the Roles and Functions of National Coordinating Committees on Disability in Developing Countries (Beijing 1990). The meeting adopted the Guidelines for the Establishment and Development of National Coordinating Committees on Disability or Similar Bodies (see A/C.3/46/4, annex I), later endorsed by the General Assembly in its resolution 46/96.

4. Participation of organizations of disabled persons

43. Disabled persons from all over the world have formed interest groups to secure their rights as citizens capable of leading an independent and productive life. During the Decade, their organizations have grown in number, both at the national and local levels, and have in many cases been instrumental in the promotion of disability issues and their placement on the national and international agendas. Almost every country has reported the existence of war veterans' associations. Associations of mentally disabled are the weakest and the last to be created.

44. The resource base of these organizations remain weak. Many Governments provide financial and material support. Other sources such as external grants, donations and income-generating activities provide but minimal or token support. In most cases, Government subsidies are not substantial enough to support these organizations adequately.

45. Full participation of organizations of disabled persons in decision-making remains an elusive goal. Nevertheless, these organizations have gained, over the Decade, stature and influence and have been successful, through increased advocacy, in bringing their case to the political forum, hence the recognition by and linkage with the political and social movements in various countries. As a result, disabled persons are now represented in the municipal councils and in the executive and legislative bodies of several countries.

46. Disabled persons are in a better position to provide a unique contribution to the promotion of disability issues through their personal experience of disability. Some countries have recognized this knowledge and a few have appointed disabled persons to decision-making positions in the disability field. It is evident that where this has occurred, disability issues have received greater prominence. Disabled women, who are often discriminated against on the basis of gender and disability, have unfortunately been neglected in both governmental and non-governmental organizations, including womens' organizations, in most regions.

47. The democratization of public life in the Eastern European countries has facilitated the establishment of a great number of organizations of disabled persons. Many of them are not yet self-sustaining and currently seeking urgent, external assistance.

5. Research and information exchange

48. The difficulty in obtaining, analysing and distributing statistics on disability in developing countries has emerged as one of the central obstacles to progress at the policy level. Because of scarcity of data on disability, priority setting and development planning has had to depend on inaccurate and sometimes anecdotal data, thus increasing the difficulty of providing services. In industrialized societies, however, there has been a substantial increase in the use of national disability statistics for policy formulation and programme planning. While the use of data has increased over the Decade, comparability remains difficult owing to varying definitions of disability.

49. Information exchange and research, particularly in industrialized societies, has been one of the achievements of the Decade. For example, the computerized information network HANDYNET, which is part of the European Community affirmative action programmes HELIOS I and HELIOS II, is designed to foster the coordination of activities and the sharing of references on disability. The Nordic countries have been particularly successful in sharing information and have established with the United Kingdom a project, COMSPEC, which aims at evolving a common architecture, tools and software modules with which to build communication aid. In North America and Europe, extensive research has been undertaken in the area of technological development, and symposia have been organized. A limited number of developing countries are developing technologies to respond to their needs and resources.

6. National activities

(a) Prevention

50. One of the most important measures for the prevention of impairment is the avoidance of war. During the Decade, armed conflict occurred in Africa, Asia, Europe and Latin America. The Afghan war created 2 million disabled persons. "Operation Salam" was created by the United Nations to deal with the

humanitarian and economic assistance programmes. A Committee on Assistance to Disabled Afghans was also established.

51. Many Governments have adopted a unisectoral approach to development planning, focusing on economic growth as the main instrument for development and for the eradication of poverty. However, limited short-term economic gain has been achieved in certain cases at the cost of long-term social development.

52. In addition to disabilities caused by the use of drugs, tobacco, alcohol or by old age, the prevalence of some ailments has increased in recent years, such as heart disease, hypertension, diabetes, bronchitis, arthritis, rheumatism, impairment of back or spine, asthma and hay fever. This circumstance will increase the demand on health-care services and family-support structures.

(i) Primary health care

53. The primary health care (PHC) concept is gaining importance within health care delivery systems in developing countries, as it serves as the first level in the prevention, detection and diagnosis of disease and intervention. PHC has thereby increased the availability of health care, particularly in rural areas. Education campaigns have increased to explain the causes, symptoms and consequences of impairment and prevention techniques and to discourage certain disabling customs, taboos and superstitions. While the constraints that limited financial resources place on health-care systems are recognized, it is acknowledged that the erosion of human capital resulting from disability and the high cost involved in serving a large disabled population are an additional impediment to economic and social progress.

(ii) Mother and child health

54. Mother and child care units have been established in primary health care services in many countries, both developing and developed, and have improved maternal and child health through increased use of family planning, prenatal care and assisted deliveries. In many developing countries, efforts have been made to upgrade the knowledge of medical personnel, paramedical personnel, community workers and trained birth attendants although the shortages of personnel and expertise in this field are aggravated by the departure of medical doctors and nurses, who are often enticed by other countries offering better working conditions.

(iii) Malnutrition

55. Early childhood mortality in developing countries and disability of those who survive are due to the interaction between poor nutrition and infectious diseases. Approximately 180 million children aged under five were malnourished in 1990. In 1985-1986, approximately 37 per cent of the population of developing countries had access neither to safe drinking water nor to basic health services. 4/ Iodine deficiency accounts for over

6 million cases of cretinism worldwide, while vitamin A deficiency affects 40 million children under the age of five years, causing partial or total blindness. National campaigns to eliminate vitamin deficiencies are supported by international programmes such as those of UNICEF, FAO and WHO. However, natural and man-made calamities that affect food production and food security have made it difficult to combat undernutrition and starvation.

(iv) Immunization

56. Developed countries have succeeded in almost eliminating the incidence of communicable diseases, while many developing countries have introduced national programmes to combat and control communicable and endemic diseases. Immunization campaigns, based on the Expanded Programme of Immunization (EPI) of WHO, with the support of UNICEF, were launched against six disabling diseases. WHO has reported that global coverage levels by the end of the first year of life had reached 85 per cent for a full course of polio vaccine, 80 per cent for measles, and 89 per cent for bacille Callmet-Guérin (BCG) vaccine (1990). Only the African region reported coverage of less than 80 per cent for any vaccine. Out of 46 reporting African countries, 14 reported less than 50 per cent coverage and 3 have not yet reached 20 per cent. Although the EPI goal has not been totally achieved, there has been improved global coverage. It is estimated that 445,000 cases of poliomyelitis and 84 million cases of measles are being prevented annually. Immunization of children against major diseases remains a priority. 5/

(v) Prevention of accidents

57. Injuries are a major cause of death and disablement, especially in developing countries, where the numbers of accidents are increasing, owing to poor road conditions, insufficient training of drivers, lack of adequate occupational safety regulations, existence of old and inappropriate technology, and lack of the necessary operative training on industrial machinery and other tools, including household appliances. Through legislation, education and information campaigns and better engineering, most industrialized countries are fighting against the incidence of accidents.

(vi) Prevention of blindness

58. More than 90 per cent of the world's visually disabled live in developing countries where trachoma, glaucoma, xerophtalmia, onchocerciasis and unoperated cataracts cause visual impairment. It is estimated that around 9 million people in the Middle East have been blinded by trachoma and other communicable eye diseases. In both India and Bangladesh, vitamin deficiencies blind more than 250,000 children each year. Some 72 countries, including African countries of the Volta Basin, Bangladesh, Bhutan, Burkina Faso, Colombia, India, Kenya, Mauritania and Thailand, have now adopted the primary health care approach for the prevention of common blinding disorders.

(vii) Prevention of deafness

59. WHO estimates the number of cases of moderate, severe and profound hearing impaired at 42 million. Some of the known causes of deafness can be prevented or reduced with improved immunization, perinatal care and health education. However, prevention is made difficult because not all causes of hearing impairment are yet known. Prevention programmes through screening and community-based treatment and microsurgery have now been adopted by a number of countries.

(viii) Leprosy treatment and control

60. The incidence and prevalance of leprosy have consistently decreased, with a consequent reduction in associated disabilities, thanks to the use of multi-drug therapy. Strategies adopted by non-governmental organizations such as Rehabilitation International to eliminate leprosy by the year 2000 will support measures undertaken at the national level.

(b) Rehabilitation

61. Irrespective of their level of development, most countries are experiencing a gap between the demand for services and their availability. Consequently, many countries rallied to the concept of community-based rehabilitation as a simpler, more cost-effective and more efficient approach, making use of available human, financial and material resources.

62. Many industrialized countries provide respite care in order to ease the strain upon families and to discourage long-term institutionalization. In Denmark, community-based rehabilitation services include advice and guidance to disabled persons and their families, the establishment of collective housing and assistance to disabled persons to live independently in their own homes. In many developing countries, families often bear full responsibility for the care of disabled persons, generally without support or professional assistance, resulting in absence of adequate therapies for the disabled, and in exhaustion of carers' resources and energy.

63. Community-based rehabilitation programmes have been carried out in many developing countries. While also conducting medical rehabilitation programmes, Ethiopia, India, the United Republic of Tanzania and Zimbabwe have promoted either special education or vocational rehabilitation and set up small-scale income-generating enterprises. Indonesia has 183 district-based rehabilitation stations in addition to mobile rehabilitation units located throughout the provinces, thus capable of reaching isolated villages. The Philippines reported that it has established community-based preventive and rehabilitative services in 91 per cent of its villages. These programmes were supported or instigated by international agencies and national and/or international non-governmental organizations. WHO has initiated community-based rehabilitation programmes in 42 States in Asia, Africa and Latin America and has promoted the concept with numerous non-governmental organizations. UNICEF sponsored community-based rehabilitation projects in

27 countries. The World Blind Union plans to give priority to rehabilitation in its four-year plan of action to be submitted for adoption at its Third General Assembly in Cairo in November 1992.

64. In Mexico, the Programa de Rehabilitación Organizado por Jóvenes Incapacitados de México Occidental (PROJIMO) was set up by disabled health workers and has significantly reduced the number of persons needing rehabilitation assistance, as those who had gained skills at PROJIMO returned to serve in their villages.

65. While innovative approaches to the rehabilitation of physically disabled persons have been developed, less success has been recorded for those with mental disabilities, particularly persons with mental illness. Negative attitudes persist against them and there appears to be less motivation to find alternative solutions to institutionalization, although some efforts are being made in some countries, such as Algeria, Cuba and Pakistan. Despite numerous recommendations made at various gatherings advocating special attention for this group, effective measures to implement those recommendations are essential.

66. While myriad activities on rehabilitation have been undertaken in some developing countries, it is, however, estimated that rehabilitation services reach 15 per cent of disabled persons in urban areas and only 1 per cent in rural areas. This is mainly due to limitations of basic services, which remain vulnerable because they are in constant danger of reduction even in industrialized countries, especially in times of financial crisis.

(c) Technical aids and appliances

67. Technical aids are essential to assist disabled persons in leading independent and integrated lives. Technicians in advanced countries have developed a large range of equipment designed to maximize independence, from hearing aids, wheelchairs and respirators to various kinds of software and robotics. Although technical aids in these countries are often supplied through national health care schemes, they are expensive and are not always readily available.

68. Many developing countries continue to rely on the importation of technical aids, which are expensive even when countries have a reduced tax regime for imported technical aid in accordance with the Nairobi Protocol of the Florence Agreement on the importation of educational, scientific and cultural material. Imported aids are often inappropriate to local conditions. It has been demonstrated that functional, durable, inexpensive and culturally appropriate technical aids and equipment can be produced in developing countries, and some of them have established centres or workshops for the design, production and distribution of devices such as prosthetics, orthotics, wheelchairs, tricycles and shoes.

(d) Equalization of opportunities

69. A central theme of the Programme of Action is equalization of opportunities. Equalization requires the adoption of policies and mechanisms to break down the barriers to full participation and put in place those measures necessary to facilitate effective participation. While some efforts to equalize opportunities have been made at the national level over the Decade, the overall impact of these efforts has not yet clearly emerged.

(i) Physical accessibility

70. Physical accessibility is a prerequisite for independence and self-reliance. Developed countries are leading the way in the construction of accessible housing. In Japan, attempts are being made to promote barrier-free model cities, such as Kobe, which was developed at the time of the Far East and South Pacific Games for persons with disabilities (1989). In general, accessibility in developing countries is assisted by a traditional open plan, low-rise design of dwellings with patios and verandas that facilitate social intercourse and therefore integration of all family members, including the old and the disabled. In the development of accessible urban areas, the use of low-cost alternative construction methods and materials is encouraged so as to avoid financial constraints. Many workshops have been organized throughout the Decade to share information, research and techniques.

71. Many countries, including Germany, India, Japan, Malaysia, the Netherlands and Turkey, have adopted building norms that tackle the many facets of accessibility, covering construction of public buildings and roads, private housing, signs and other facilities. Consultation and coordination of activities in this field are increasing among countries. The provision of public facilities, such as roads, telephone booths, lavatories and parks that are accessible to the physically and sensory disabled has increased over the Decade.

(ii) Transportation

72. The question of accessibility to buildings is closely linked to that of transportation (air, land and sea). Real efforts have been made by France, the Nordic countries and the United States of America. In Europe, Germany led in the manufacture and operational pioneering of low-floor buses. Besides research and technology development, developed countries have succeeded in making certain advances in accessibility by providing incentives to modify public vehicles, subsidies to modify private vehicles and lower taxi fares. Developing countries often have very poor transportation systems and are unable to cope with rising demands for public transportation. It is important to note that transport which is made accessible to disabled persons is also accessible to other mobility-impaired persons, e.g. pregnant women, women with children, and elderly persons.

(iii) Education

73. Education lays the foundation for sound social and economic development. Therefore, appropriate training of teachers, preferably in multiple skills, is essential for effective implementation of special education programmes. Many countries are now mainstreaming disabled children in regular schools, reflecting the principle of integration with the additional advantage of helping demystify disability for non-disabled children. However, there continues to exist an undeniable need in some cases for special facilities, which are gradually being made available also in developing countries. Special facilities have been developed to take care of the needs of hearing-impaired children to teach them an appropriate communication method, which may include the use of sign language as well as the oral method."The Deaf Way", the International Festival and Congress on the Language, Culture and History of Deaf People, held in Washington, D.C., and organized by the World Federation of the Deaf (WFD) and Gallaudet University, highlighted the importance of sign language for the education of deaf people. In 1991, WFD published a Survey of Deaf People in the Developing World, with the purpose of providing national associations with data needed in their efforts to advocate social, educational and human rights. The survey will enable agencies involved in programmes for the hearing impaired, universities, research centres and libraries to use systematically recorded information on deaf persons in developing countries. Special education is necessary also for those who are mentally retarded and cannot fit into regular schools. Parents' organizations have been particularly effective in pursuing the education of this group of children.

74. In developing countries, pressures on the educational system through increasing numbers of school age children and increased awareness of the importance of education have made competition for places in school very intense. Disabled children, especially girls, are therefore often neglected. As indicated above, women play an important role in prevention in developing countries, as they are primarily responsible for family health. Low literacy levels in female populations have had a direct effect on the standard of health, nutrition and disability. Contrary to the philosophy of integration that requires that all social services to disabled persons be made available within the general framework, special education is not necessarily the responsibility of the ministry of education in many countries. This inevitably results in a disparity between the objectives of education of disabled and non-disabled children. Access to universities and institutions of higher learning is still limited, although special arrangements and institutions are available in some countries.

(iv) Vocational training

75. Vocational training services are available to disabled persons in many countries, either through government schemes or in the private sector. Services include fitness programmes, job searching, career development and practical assistance in adjusting to working life.

(v) Employment

76. Efforts to ensure the equalization of employment opportunities have increased during the Decade, with the development of quota systems in the public and private sectors, the provision of financial incentives and salary subsidies to employers to employ disabled persons and adapt the physical work environment, and the creation of specifically reserved positions for disabled persons. Employment is essential for the economic independence of disabled persons and, additionally, provides social recognition, opportunities to integrate and self-affirmation. Governments have encouraged the development of cooperatives of disabled persons in various fields. For example, in Africa disabled persons have been effective in producing crops for their consumption and for sale. Self-help schemes and small business were established and promoted in many countries. Sheltered workshops offer alternative avenues for the alternative employment of mentally disabled persons. France provides a good example through the system of "Centre d'aide par le travail", which carries out sub-contract work for the car industry, garden-keeping or small technical production such as watches. However, in Eastern and Central European countries, changes in the economic system have brought about many problems concerning employment in general and of disabled persons in particular. Hungary reported that the number of unemployed disabled persons is five times higher than that of unemployed non-disabled persons. Romania noted that 20,000 disabled persons in the handicraft cooperative are in difficulty because of lack of raw material, low efficiency of old machinery and inability to diversify and modernize their products and cope with the requirements of a competitive market economy.

77. Owing to insufficient education and training, disabled persons are often employed in low-level positions. Discrimination in a decreasing job market also often forces them to accept positions much lower than their qualifications or abilities reflect. Disabled women, disabled migrant workers and disabled refugees are especially disadvantaged in the job market, being a silent minority without effective pressure groups. Regular monitoring of the implementation of employment measures, as carried out by the United States National Council on Disability, offers the opportunity to rectify mistakes or abuses. However, not all countries have the necessary resources to undertake such an exercise.

(vi) Income maintenance

78. To ensure income maintenance, social security or insurance schemes have been introduced in several countries, giving legally defined rights to disabled persons to obtain payment of medical expenses and technical aids, as well as assistance to cover specific needs. Although disabilities resulting from industrial injuries are normally covered by pension schemes, company insurance or compensation schemes, only a few developing countries have broad social security or social insurance schemes. Some developing countries make efforts to grant certain benefits to the disabled, through reduction of or exoneration from income tax and free or reduced transport fares. Unlike many industrialized countries, financial assistance to families of disabled persons is not commonly available in developing countries.

(vii) Culture and recreation

79. Accessibility to culture and recreation is equally important in order for disabled persons to achieve full integration and participation in their society. Through the use of talking books, papers written in simple language and with clear format and colours for persons with mental disability, adapted television and theatre for deaf persons, great strides have been made in opening opportunities of education and information to many who had none before, thus facilitating their greater participation. At the request of China, the Centre for Social Development and Humanitarian Affairs has provided assistance to a successfully completed international exchange programme of disabled performing artists from the China Disabled People's Performing Art Troupe to Europe, wherein the Governments of Austria, China, the Netherlands and Sweden closely cooperated. Achievements have been reported in the area of recreation and sport, particularly through the numerous paraolympic events held throughout the Decade, where both developed and developing countries were represented. National non-governmental organizations have been active and cooperate closely. The International Organizations for Sport for the Disabled (IFSD), in collaboration with the Centre for Social Development and Humanitarian Affairs, organized from 1985 to 1989 instruction and training workshops in developing countries. IFSD continues to raise and allocate funds for sports for people with disabilities, particularly in developing countries. Recently, the Recreational Sports, Development and Stimulation of Disabled International was created with the objective of developing new forms of sports that can be practised by as many disabled as possible, excluding elite or top sports.

B. The regional level

80. The regional commissions have implemented disability programmes in accordance with the priority areas of their regions. Whereas some commissions have been very active, others have not been able to respond to the situation, mainly because of lack of adequate resources given the critical economic situation in most countries in those regions. Common causes of disability across all regions include poverty, disease, armed conflict, accidents and ageing. Increased migration and the breakdown of family values and community structures have in turn had a direct impact on the prevalence of disability. Social stigmatization of disability and consequent denial, undiagnosed disability and confusions over definitions result in inadequate and misleading statistics. A unisectoral policy approach to government planning, which predominates in many regions, has resulted in an ad hoc, crisis management approach to social planning.

1. Economic Commission for Europe

81. The programme of the Economic Commission for Europe (ECE) reflects the comparative wealth and prosperity of the countries of the region and their advanced technical expertise. ECE has organized a variety of workshops on

technological development, including a recent workshop on special support programmes to assist the countries of Eastern and Central Europe to improve their rehabilitation technology and delivery systems. Disability caused by armed conflict, ageing related illnesses and accidents have increased over the Decade.

2. Economic and Social Commission for Asia and the Pacific

82. The Asia and Pacific region has the largest number of the world's absolute poor. In addition to the causes of disability common among all regions, the breakdown of traditional community life through urban migration has contributed to the incidence of mental illness and drug abuse. ESCAP has initiated a number of activities, including the provision of advisory services to Governments, the implementation of a multi-year project of assistance, the production of a handbook on community awareness programmes, an awareness-raising campaign to mark the conclusion of the Decade and an expert group meeting to review and appraise the achievements of the Decade, in 1991, an outcome of which was a draft strategy for the strengthening of national disability programmes and policies for the region. Most importantly, ESCAP recently proclaimed the Asian and Pacific Decade of Disabled Persons, 1993-2002.

3. Economic Commission for Latin America and the Caribbean

83. Governments in the region were greatly affected by external debt and thus concerned themselves with reduction of expenditures. As a consequence of growing popular discontent, the question of democracy and the relationship of the state to society also became an essential element in the search for equitable development. Within this context, human resource development was seen as an essential component of both social equity and democracy. Reflecting also the diverse political structures and levels of development in the region, the work programme of the Economic Commission for Latin America and the Caribbean (ECLAC) has been based and focused on two main objectives: the analysis of the role and functions of member States and other social agents, and the elaboration of national social policies.

4. Economic Commission for Africa

84. The African region witnessed a decade of social and economic deterioration further exacerbating disability issues. The main causes of disability in the region include inadequate primary health-care programmes, frequent resurgence of endemic and epidemic diseases, severe malnutrition and curtailment of biological defence mechanisms, natural calamities, including floods and droughts, environmental hazards from heavy industry, accidents and armed conflict.

85. Despite constraints, the Economic Commission for Africa (ECA) was able to focus attention on promotional activities: publication of the newsletter Equal Time circulated to all member States and interested organizations in the region, production of a directory of institutions and associations and a report on the causes, types and prevalance of impairment and disability in light of the adverse socio-economic situation. The tide of political reform in the region has promising implications for the development of disability legislation. The Commission hopes to be able to prepare country profiles on existing legislation and its implementation and enforcement in the near future.

86. The Organization of African Unity (OAU) established the African Rehabilitation Institute (ARI) headquartered in Harare, with antennae in Cairo for North Africa, Dakar for West Africa and Brazzaville for Central Africa. Lack of financial resources constitutes a major obstacle to the Institute's effectiveness.

5. Economic and Social Commission for Western Asia

87. Social, environmental, cultural and health factors, as well as armed conflict, are increasing the incidence of disability. Increased public awareness of the causes, symptoms and consequences of impairment is therefore vitally important. Wars in the region have produced a sharp increase in the number of disabled persons. In addition to physical disability, inhabitants of the region suffer psychological and emotional impairment resulting from fear and anxiety.

88. As well as a variety of other undertakings, the Economic and Social Commission for Western Asia (ESCWA) organized the Conference on Capabilities and Needs of the Disabled in the ESCWA Region, held in Amman in 1989, the major outcome of which was a framework for regional activites and a comprehensive review of national disability policies and programmes. ESCWA has also been active in providing advisory services to Governments on integration policies; it established a unit for the production of ESCWA documents in Arabic and English Braille, prepared a number of case studies and technical publications and provided assistance in the development of a long-term strategy to the year 2000 and beyond.

C. The international level

89. While responsibility for implementing the World Programme of Action lies primarily at the national level, international organizations play an important role in supporting national activities by stimulating political commitment, providing policy guidance, raising awareness and mobilizing resources. The achievements constitute solid foundations for expanded activities in the long term. While initiatives to coordinate activities at the policy level have proved quite successful, coordination at the implementation level needs further improvement.

1. Centre for Social Development and Humanitarian Affairs of the United Nations Office at Vienna

90. The Centre for Social Development and Humanitarian Affairs of the United Nations Office at Vienna is the lead entity and focal point within the United Nations system for coordinating and monitoring the implementation of the Programme. During the period covered by the Decade, it has promoted the concepts of the Programme of Action, raising awareness on disability issues, conducting action-oriented research and assisting Member States in their efforts to implement the Programme of Action. It has developed a variety of activities advocating the equalization of opportunities for disabled persons and has been coordinating a complex variety of initiatives. These activities, details of which have been regularly reported to the intergovernmental bodies, include the following:

(a) Promotion of collective action through substantial cooperation among the bodies of the United Nations system, including the regional commissions. A special feature of the annual inter-agency meetings is the participation of two umbrella international non-governmental organizations (Disabled Peoples' International and the International Council on Disability) as observers. The joint efforts of the United Nations system and the international non-governmental organizations proved fruitful for the advancement of disability-related issues;

(b) Development of policies and standard setting through innovative policy guidelines and manuals on topics such as the equalization of opportunities, human resources development and national level coordination mechanisms. As part of the preparatory process of policy formulation, several international expert group meetings were organized and research studies have been carried out on specific subjects. These studies were conducted in close collaboration with United Nations agencies, organizations of disabled persons and other relevant non-governmental organizations;

(c) Preparation of a manual on national disability legislation for developing countries and a manual on the integration of needs and concerns of disabled persons in projects and national planning;

(d) Concerted efforts towards standard setting. The text of standard rules on the equalization of opportunities for disabled persons, to be submitted to the Economic and Social Council in 1993 and transmitted to the General Assembly at its forty-eighth session, will imply a strong moral and political commitment towards the implementation of the Programme of Action. A long-term strategy for the year 2000 and beyond is also being finalized with the aim of assisting policy-makers to adopt adequate measures, within specified periods of time, in matters that affect the situation of disabled persons, such as human rights, legislation, community-based rehabilitation, independent living etc. so as to create conditions conducive to the goal of a society for all;

(e) Awareness creation, information exchange and promotional activities in conjunction with the Department of Public Information through the provision of information kits and other informational materials to the mass media. In addition, the Centre publishes Disabled Persons Bulletin three times a year and encourages national and regional initiatives, creating greater awareness of issues related to disability and the equalization of opportunities for disabled persons. During the last two years, the Centre has initiated a global exchange programme on issues germane to disabled persons, with the aim of providing information to Member States, organizations and individuals on specific subjects and disability programmes. Subject to funding, the Clearing House Data Base on Disability Related Information will be fully operational in 1994;

(f) Support to organizations of disabled persons in their formation, growth and strengthening of their role. The role of organizations of disabled persons in decision-making and planning is being gradually recognized. Effective channels of communication have been established with organizations of disabled persons through the annual non-governmental organizations consultative meeting. A study and the preparation of guidelines for the development of organizations of disabled persons were commissioned. Preparations are also underway to compile a training manual for leaders and members of organizations of disabled persons;

(g) Assessment and monitoring of the implementation of the Programme of Action in 1987 and in 1992;

(h) Increased delivery of advisory services to Member States, in particular advisory field missions to developing countries undertaken by staff members and/or consultants. As part of its technical cooperation activities, the Centre coordinates the co-financing of small-scale projects benefiting disabled persons through the Voluntary Fund for the United Nations Decade of Disabled Persons. By the end of 1991, the Fund had supported 176 such projects, including training activities and projects in support of the development of organizations of disabled persons, the technical exchange of knowledge and experience, data collection and applied research.

2. The Voluntary Fund for the United Nations Decade of Disabled Persons

91. Since becoming operational in 1980, in connection with the observation of the International Year of Disabled Persons, the Fund has been furthering the implementation of the objectives of the World Programme of Action through its support of catalytic and innovative disability-related projects and by reinforcing disability concerns in mainstream development. At mid-1992 the Fund had provided more than US$ 3 million in co-financing grants to 176 disability-related projects. Nearly 70 per cent of the projects and an equal percentage of grants disbursed were implemented at national and regional levels in Africa, Asia and the Pacific, Latin America and the Caribbean; global and interregional projects accounted for the balance of projects supported by the Fund.

92. The resources of the Fund were used principally for national capacity building in the disability field. Three main areas can be identified in which the Fund assistance has made decisive contributions: (a) as support for training; (b) for technical exchanges and applied research; and (c) to disabled people's organizations. While the average amount of financial assistance provided from its exiguous resources has been modest, the quality and importance of results produced has been of considerable importance in building national self-reliance and promoting greater partnership between the governmental and non-governmental sectors in the disability field.

93. From the establishment of the Fund up until mid-1991, the Fund received contributions from 44 Governments, a number of non-governmental organizations and private sources. Fund resources have been generously augmented by project-specific co-financing grants, currently involving 19 projects, by the Arab Gulf Programme for United Nations Development Organizations (AGFUND). AGFUND co-financing grants exceed US$ 500,000 and account for one-sixth of all Fund grants to date. As at 30 June 1991, the Fund had a balance of US$ 2.97 million, of which nearly two thirds represented special-purpose contributions for institutional support of specific activities being implemented within the framework of the United Nations programme on disabled persons.

94. In its resolution 46/96, the General Assembly requested the Economic and Social Council at its next session to give its views on the continuation of the Voluntary Fund with new terms of reference in response to General Assembly resolution 45/91 and to submit its recommendations to the Assembly at its forty-seventh session. On the basis of a Note by the Secretary-General on the above subject (A/47/214-E/1992/50), in its decision 1992/276 of 30 July 1992, the Council recommended to the Assembly the continuation of the Fund beyond the Decade and to rename it the United Nations Voluntary Fund on Disability, with new terms of reference on the basis of paragraph 10 of the note.

3. Office of the Special Representative of the Secretary-General for the Promotion of the United Nations Decade of Disabled Persons

95. The Special Representative of the Secretary-General for the Promotion of the United Nations Decade of Disabled Persons continues to encourage and support the development and strengthening of both international and national organizations of disabled persons and to solicit both human and financial resources for project development and implementation in developing countries.

96. The Office of the Special Representative is collaborating with United Nations organizations, Governments, national organizations of disabled persons and the private sector in promoting the local manufacture and distribution in developing countries of appropriate, low-cost equipment to meet the great need. Currently, the Office is involved in a major project, in cooperation with the United Nations Industrial Development Organization, to convert armament factories to the production of technical aids (wheelchairs, hearing aids etc.) for disabled persons.

97. The Special Representative has also taken the initiative to develop an international disability foundation and international disability centre, through which organizations of disabled persons can more effectively coordinate and promote progress of benefit to disabled persons throughout the world.

4. Other United Nations bodies

98. Several other United Nations bodies have been active in the implementation of the provisions of the Programme of Action. WHO promotes primary health care encompassing immunization programmes, accident prevention, leprosy control, maternal and child health care, nutrition programmes, research and training in tropical diseases and programmes preventing deafness and blindness. WHO has worked closely with UNICEF, with FAO on country programmes on vitamin and nutrient deficiencies and ILO and with UNICEF in establishing and evaluating national plans on rehabilitation, training of personnel and developing low-cost technology for rehabilitation. The international task force on child survival has demonstrated the advantage of setting a limited number of achievable targets as a means both of focusing aims and of setting standards for performance and sustainable action. WHO, in collaboration with the United Nations Development Programme (UNDP), UNICEF and the Centre, sponsored the establishment of the International Initiative Against Avoidable Disablement (IMPACT) in 1982, which promotes disability prevention. The second Leeds Castle Declaration, in 1991, emphasized that, in the next decade, at least 30 million people could be saved from disability through prevention action. IMPACT also estimated that 70 million disabled people could have their sight, movement or hearing restored at a unit cost of between $15 and $40. Low-cost prevention in mental disability could also be achieved by improving the training of village midwives, the provision of inexpensive equipment and by measures such as the supplementation of iodine.

99. UNDP is attempting to improve coordination of disability programmes by arranging joint missions by United Nations bodies and by using UNDP delivery systems. In addition to these joint initiatives, the prevention programme of FAO focuses on disability caused by hunger, malnutrition, deficiency diseases and consumption of contaminated and unsafe foods. UNICEF has worked in the area of early identification of and intervention in childhood disability through vaccination programmes, food supplementation and training schemes. ILO drafted Convention 159 on Vocational Rehabilitation and Employment of Disabled Persons in 1983, which requires that appropriate vocational training be made available to all categories of disabled persons, and established guidelines on providing vocational training and employment to severely disabled persons. At the beginning of 1992, 38 countries had ratified the Convention. ILO and WHO have also collaborated on inter-country workshops on training of semi-professional rehabilitation workers and conducted research on psycho-social and drug- and alcohol-related disabilities. Other initiatives include the activities for the treatment and rehabilitation of persons with special needs undertaken by UNHCR, and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is developing strategies to avoid the disability consequences of unpredictable calamities.

100. In the area of equalization of opportunities, the United Nations Centre for Human Rights published a report on human rights and disability in 1991, which contained a comprehensive analysis of international instruments in the field and recommended, inter alia, the establishment of an advocate for disabled persons. UNESCO has noted some success in the area of equalization of educational opportunities. The United Nations Centre for Human Settlements (Habitat) has worked on the improvement of living conditions and housing of disabled persons.

101. During the International Water Supply and Sanitation Decade (1981-1990), progress was made in providing drinkable water through low-cost technology.

102. Disability Statistics Compendium, prepared by the United Nations Statistical Office, available in English and Spanish, presents statistics from 55 countries with disability rates ranging from 0.2 to 20 per cent. Over 130 government offices and research centres acquired the International Disability Statistics Database (DISTAT). Several international organizations, including the Council of Europe, are active in efforts to revise the International Classification of Impairments, Disabilites and Handicaps (ICIDH) by working to develop common nomenclatures and definitions.

103. Case Studies on the Development of Statistics of Disabled Persons was produced by the Centre in collaboration with the Statistical Office in 1986.

5. International non-governmental organizations

104. Full recognition is given to the crucial role played by the international non-governmental organizations in the implementation of the Programme of Action. They have been instrumental in generating awareness of disability issues at all levels, the international, regional and national, and in mobilizing resources to support national non-governmental organizations in their efforts to initiate or strengthen concrete action in favour of disabled persons.

105. The Centre has developed close linkages with a number of international non-governmental organizations concerned with disability through new measures. These organizations have participated as observers in the United Nations ad hoc inter-agency meetings and in the annual non-governmental organization consultative meeting. Moreover, informal networks and communications between the United Nations and these organizations have developed considerably during the Decade. The ninth inter-agency meeting (in 1991) acknowledged that there is sufficient evidence that in the past nine years of collaboration, the international non-governmental organizations participating in the inter-agency meetings on the Decade have not only actively contributed but have also benefitted by developing a global outlook and have become true partners of the United Nations and its specialized agencies. Disabled Peoples International and Rehabilitation International hold consultative status with the Economic and Social Council and all members of International Council on Disability and Disabled Peoples International have

been invited to consultative meetings of concerned organizations and agencies of the United Nations system.

Notes

1/ Data published in World Development Reports (International Bank for Reconstruction and Development) and Yearbook of Government Finance Statistics, 1989 (International Monetary Fund).

2/ Statistics on expenditures on disability have been difficult to obtain due to factors indicated in paragraph 31 above.

3/ Down from 141 during the Year to 77 in 1987, only approximately 60 countries now have some form of national coordinating mechanism.

4/ Access to safe drinking water is defined as close to home or within 15 minutes walking distance; United Nations Development Programme, Human Development Report 1991.

5/ Disability Prevention and Rehabilitation, Report by the Director-General of the World Health Organization, EB89/15, 9 December 1991.